



**OFFICE OF THE SECRETARY OF STATE
BALLOT QUESTION COMMITTEE
APPLICATION**



Complete each section below. If not applicable, enter "N/A." Type or print clearly.

Name	Home Phone	E-Mail	
Street Address		City	Zip
Business Address		Business Phone	
Name of Ballot Question The Automatic Voter Registration Initiative – Question 5			
Your position on the Ballot Question: <input type="checkbox"/> In Favor <input type="checkbox"/> Opposed			
If Representing an Organization:			
Organization Name: _____			
Organization Address: _____			
Organization Phone: _____			
Organization E-Mail: _____			
State your interest and qualifications to serve on this Ballot Question Committee in support of your position. Feel free to attach an additional page to fully present yourself.			

* A Ballot Question Committee is an ad hoc committee. Members serve without compensation. Submission of this application does not guarantee appointment to a Ballot Question Committee. Once the sample ballot is published, the responsibilities of the Committee will be complete. The names of the Committee members will be published in the sample ballot and on the Secretary of State's website.

THIS FORM MUST BE RECEIVED BY THE SECRETARY OF STATE'S ELECTIONS DIVISION NO LATER THAN 5:00 P.M. ON FRIDAY, FEBRUARY 16, 2018. IF YOU MAIL YOUR FORM, PLEASE ALLOW SUFFICIENT TIME FOR DELIVERY.

E-mail to: nvelect@sos.nv.gov
Fax to: 775-684-5718
Mail/Deliver to: Secretary of State, Elections Division
101 North Carson St., Suite 3
Carson City, NV 89701

Notice: The information provided herein is subject to the Nevada Public Records Act and may be disseminated accordingly.